

Personal Property Audit Grant Reimbursement Request Application

Issued under authority of P.A. 161 of 2003.

INSTRUCTIONS: As the grant recipient, the local unit of government must keep copies of all completed Personal Property Audits (PPA) for which reimbursement is requested. The local unit of government should retain invoices supporting the reimbursement request. By signing this reimbursement request, the local unit is confirming that the audit has been completed.

REIMBURSEMENT INFORMATION

The Department of Treasury will process reimbursement of funds by one wire/EFT regardless of the number of audit(s) completed. Only one reimbursement request may be made by the local unit each quarter - and must be received by the Department of Treasury no later than January 15, 2005; April 15, 2005; July 15, 2005; and October 15, 2005 for audits completed during the immediately preceding quarter.

Local Unit Name	Local Unit Contact(s) Name
Local Unit Federal Employer Identification Number	Local Unit Contact Phone Number
Local Unit Address	
Name of Bank	Account Number
ABA Number	Contact at Bank

AUDIT INFORMATION

Please include the total number of audits completed and the related fees charged per completed audit by True Cash Value (TCV) amount. Attach a separate page if necessary.

TCV less than \$50,000	TCV \$50,000 - \$399,999
TCV \$400,000 - \$999,999	TCV \$1,000,000 - \$4,999,999
TCV \$5,000,000 - \$19,999,999	TCV greater than \$20,000,000

REIMBURSEMENT REQUEST AMOUNT

Please make sure to review the percentage of the total amount of the state grant compared to the local cash and other contributions. Please refer to the Grant Agreement, Exhibit A for details on the percentage assumptions. Please list the amount of the reimbursement and the percentage.

Amount of Reimbursement Requested	Amount of Local Contribution
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NOTE: MCL 211.154 Assessor or Equalization Director's Notice of Property Incorrectly Reported or Omitted Form 627. Please note that for all the audits relating to this reimbursement request, that as part of the Grant Agreement, the grantee agreed to file the related material with the State Tax Commission in a timely manner. The Department is requesting that Form 627 be filed within 30 days from the date the notice letter to the business owner is sent regardless of whether the additional amount of discovery is being contested.

Amount of discovery concurred relating to the audits completed for this reimbursement request for Tax Year:

2002	2003	2004	2005
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Amount of discovery contested relating to the audits completed for this reimbursement request for Tax Year:

2002	2003	2004	2005
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CERTIFICATION

By signing this reimbursement request, the local unit is attesting that all audits listed on this form have been completed.

Signature	Print Name
Title	Date

Send the completed form to:
Michigan Department of Treasury
Bureau of Local Government Services
430 W. Allegan Street
Lansing, Michigan 48922

Forms can also be faxed to (517) 373-0633
For more information, call (517) 373-3305